

GUIDE TO DRAIN LAYER LICENSES

Pursuant to Section 8-41 of the Somerville Code of Ordinances, a license must be obtained annually before conducting any drain laying activities in the City. Licensure is valid from the date of the license through the following April 30. The fee is \$100.00.

Complete this Application for a License as instructed below.

1. Fill in all information requested on the Application. Fill in and sign the REAP Attestation. Fill in and sign the top half of the Certificate of Good Standing. Fill in and sign the Workers' Compensation Insurance Affidavit (In most cases, fill in the unshaded portion and sign at the bottom; if you have workers' compensation insurance, be sure to include the name of the insurance company and the policy number).
2. For new applicants, and for former licenseholders who allowed their license to lapse, fax contact information for three municipal references to the Engineering Department at 617 625-4454. They will check the references before signing their approval on the Application. After you've faxed the references, contact them at 617 625-6600 x5400 to arrange for the sign-off.
3. Obtain a Drain Layers Bond in the amount of \$10,000. If you are a corporation, attach the Certificate of Corporate Authority showing that whoever signs for the corporation has the legal authority to do so.
4. If you are renewing a current license, obtain a Continuation Certificate showing that your existing Bond remains in effect.
5. If your business has a Somerville address, obtain a sign-off on the Certificate of Good Standing by the City Treasurer (City Hall, 93 Highland Avenue, 617 625-6600 x3500), to confirm that all taxes and fees have been paid, during the following hours: Mon–Wed 8:30AM–4:00PM, Thu 8:30AM–7:00PM, Fri 8:30AM–12:00PM.
6. Submit the application to the City Clerk's Office (City Hall, 93 Highland Avenue, 617 625-6600 x4100). The City Clerk will forward it to the Board of Aldermen for consideration. The Board usually meets on the 2nd and 4th Thursday of the month. Following Board approval, the Mayor has up to ten days to sign off on the application, before the license can be issued.

APPLICATION FOR DRAIN LAYING

Application Fee \$100.00

Date _____

FOR CITY CLERK'S OFFICE ONLY

Date Recorded _____

Amount Paid _____

☐ New Application

☐ Renewing Application with Additions or Changes

☐ Renewing Application with NO Additions or Changes

Business Name: _____ Phone: _____

Business DBA Name (if applicable): _____

Address with Zip Code: _____

Mailing Name (where we should send correspondence to): _____

Address with Zip Code: _____

Emergency Contact 1: _____ Phone: _____

Emergency Contact 2: _____ Phone: _____

Type of Business (Check one): ☐ Individual ☐ Sole Proprietorship
 ☐ Corporation ☐ Association ☐ Partnership

IF AN INDIVIDUAL OR SOLE PROPRIETORSHIP:

Owner's Name: _____

Address with Zip Code: _____

IF A CORPORATION OR ASSOCIATION:

President's Name: _____

Address with Zip Code: _____

Secretary's Name: _____

Address with Zip Code: _____

Treasurer's Name: _____

Address with Zip Code: _____

IF A PARTNERSHIP (Attach additional sheets as necessary):

Partner 1's Name: _____

Address with Zip Code: _____

Partner 2's Name: _____

Address with Zip Code: _____

Attach a Drain Layers Bond in the amount of \$10,000. If you are a corporation, attach the Certificate of Corporate Authority showing that whoever signs for the corporation has the legal authority to do so.

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: _____ Date: _____

Print Name: _____ Phone: _____

FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:

ENGINEERING DEPARTMENT RECOMMENDATION:

The Engineering Department recommends that the application be: ____Approved ____Denied

Signature _____ Date _____

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

** Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

1. Exact name of taxpayer/applicant's business: _____
2. Address of taxpayer/applicant's business in Somerville: _____
3. Address of taxpayer/applicant's home in Somerville: _____
4. Taxpayer/applicant's phone: day: _____ evening: _____

I, _____, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this _____ day of _____, 20____. _____
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ **INCLUDES RELEVANT POSTINGS THROUGH:** _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

<input type="checkbox"/> Real Estate	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# _____	# _____	# _____	# _____

NOTES:

CLERK'S INITIALS: _____ **ORIGINAL STAMP:** _____

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information: Please PRINT legibly

name: _____

address: _____

city: _____ state: _____ zip: _____ phone #: _____

work site location (full address): _____

☐ I am a sole proprietor and have no one working in any capacity.
☐ I am an employer with _____ employees (full & part time).
☐ I am an employer providing workers' compensation for my employees working on this job.

Business Type: ☐ Retail ☐ Restaurant/Bar/Eating Establishment
☐ Office ☐ Sales (including Real Estate, Autos etc.)
☐ Other _____

company name: _____

address: _____

city: _____ phone #: _____

insurance co.: _____ policy #: _____

☐ I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies.

company name: _____

address: _____

city: _____ **phone #:** _____

insurance co.: _____ **policy #:** _____

company name: _____

address: _____

city: _____ **phone #:** _____

insurance co.: _____ **policy #:** _____

Attach additional sheet if necessary

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Print name: _____ Phone #: _____

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license #: _____ ☐ Building Department

☐ check if immediate response is required ☐ Licensing Board

contact person: _____ phone #: _____ ☐ Selectmen's Office

(revised Sept. 2003)

☐ Health Department
☐ Other _____

CERTIFICATE OF CORPORATE AUTHORITY

I, Name of Clerk or Secretary, Clerk of
Name of Corporation hereby certify that,
at a meeting of the Board of Directors of said Corporation duly held on the Date day of
Month, Year, at which a quorum was present and voting throughout, the following
vote was duly passed and is now in full force and effect:

VOTED: That Name of Officer authorized to sign for the Corporation be and
hereby is authorized, directed and empowered, in the name and on behalf of this Corporation, to
sign, seal with the corporate seal, execute, acknowledge and deliver all contracts, bonds and
other obligations of the Corporation, the execution of any such contract, bond or obligation by
such Name of Officer authorized to sign for the Corporation to be valid
and binding upon this Corporation for all purposes. This vote remains in full force and effect, and
has not been altered, amended or revoked by a subsequent vote of such directors.

I further certify that Name of Officer authorized to sign for the Corporation
is the duly elected Title of said Corporation.

Signed Clerk or Secretary
Place of Business _____
Date _____

AFFIX CORPORATE SEAL HERE

In the event that the Clerk or Secretary is the same person as the Officer authorized to
sign that contract, bond or other instrument for the Corporation, this certificate must be counter-
signed by another Officer of the Corporation.

Countersigned _____
Name & Title of Countersigning Officer _____